

GEORGIA AUCTIONEERS COMMISSION
237 Coliseum Drive
Macon, Georgia 31217
(912) 207-1460

SECTION A:
APPLICATION FOR EXEMPTION FROM COMPANY LICENSURE
(ALL SPACES MUST BE COMPLETED/PLEASE PRINT OR TYPE ALL INFORMATION)

CHECK ONE: () NEW APPLICATION () UPDATE INFORMATION ON EXEMPTION #
() AUCTIONEER () OWNER () CO. NAME () ADDRESS

COMPANY NAME: _____
(AS IT WILL APPEAR IN ADS/ON AUCTION DOCUMENTS, ETC)

COMPANY ADDRESS: _____
(STREET) (CITY/STATE/ZIP CODE)

COMPANY PHONE (INCLUDE AREA CODE): _____

NAME OF AUCTIONEER: _____
(AS IT APPEARS ON LICENSE - NO NICKNAMES)

GEORGIA AUCTIONEER LICENSE #: _____ EXPIRATION DATE: _____

NAME OF COMPANY OWNER: _____
() OR "X" IF SAME AS AUCTIONEER

AUCTIONEER'S AFFIDAVIT: (TO BE COMPLETED EVEN IF AUCTIONEER IS THE COMPANY OWNER)

I, _____, CERTIFY THAT I AM AN AUCTIONEER, DULY LICENSED BY THE GEORGIA AUCTIONEERS COMMISSION, AND THAT I WORK EXCLUSIVELY FOR THE ABOVE NAMED COMPANY. I FURTHER CERTIFY THAT ALL PROCEEDS FROM AUCTIONS CONDUCTED BY THIS COMPANY IN THE STATE OF GEORGIA WILL BE DEPOSITED IN THE FOLLOWING ESCROW/TRUST ACCOUNT, AND I AUTHORIZE THE EXAMINATION OF THIS ACCOUNT BY ANY REPRESENTATIVE OF THE COMMISSION WHEN SO DIRECTED BY THE COMMISSION:

ESCROW/TRUST ACCT #: _____

NAME ON ACCOUNT: _____

BANK NAME: _____

ADDRESS: _____

I UNDERSTAND THAT, AS THE AUCTIONEER DIRECTLY SUPERVISING THE COMPANY, I AM RESPONSIBLE FOR ALL ADVERTISING (INCLUDING HAVING MY NAME AND LICENSE NUMBER PRINTED IN ANY ADVERTISEMENT OR CIRCULAR ADVERTISING AN AUCTION) AND FOR THE MANAGEMENT OF ANY SALES CONDUCTED BY THIS COMPANY IN THE STATE OF GEORGIA; THAT I SHALL ACCOUNT FOR ALL PROCEEDS THEREFROM AND SHALL SIGN AND ISSUE A CLOSING STATEMENT TO THE SELLERS. AS REQUIRED BY THE RULES AND REGULATIONS OF THE COMMISSION, I WILL NOTIFY THE COMMISSION WITHIN 15 DAYS OF TERMINATION OF MY EMPLOYMENT WITH THE ABOVE NAMED AUCTION COMPANY.

DO YOU UNDERSTAND THAT ANY VIOLATION OF THE LAWS OR RULES REGULATING THE AUCTION PROFESSION IN THE STATE OF GEORGIA MAY RESULT IN ADMINISTRATIVE LEGAL ACTION TO DETERMINE IF SANCTIONS SHOULD BE IMPOSED AGAINST YOUR LICENSE? () YES () NO

Sworn and subscribed to before me this _____

day of _____, 20____.

SIGNATURE OF AUCTIONEER _____

NOTARY PUBLIC (SEAL REQUIRED) _____

PRINTED NAME OF AUCTIONEER _____

SECTION B OF THIS FORM MUST BE COMPLETED!!!

SECTION B: COMPANY EXEMPTION FORM

COMPANY OWNER'S AFFIDAVIT: (TO BE COMPLETED IF AUCTIONEER IS ~~NOT~~ THE COMPANY OWNER)

I, _____, CERTIFY THAT I AM THE OWNER OF THE COMPANY NAMED ON THE REVERSE SIDE OF THIS APPLICATION. I UNDERSTAND THAT THE AUCTIONEER IS RESPONSIBLE FOR DEPOSITING ALL PROCEEDS FROM AUCTIONS CONDUCTED BY THIS COMPANY INTO THE AFOREMENTIONED ESCROW/TRUST ACCOUNT AND OTHER RESPONSIBILITIES AS LISTED IN THE ABOVE AUCTIONEER'S AFFIDAVIT AND CONTAINED IN SECTION 43-6 OF THE OFFICIAL CODE OF GEORGIA ANNOTATED AND/OR THE RULES AND REGULATIONS OF THE COMMISSION. I FURTHER UNDERSTAND THAT I MUST NOTIFY THE GEORGIA AUCTIONEERS COMMISSION WITHIN 15 DAYS AFTER TERMINATION OF THE EMPLOYMENT OF THE SUPERVISING AUCTIONEER AND THAT ANY AUCTION ACTIVITY BY THE COMPANY MUST CEASE UNTIL SUCH TIME AS AN AUCTION COMPANY LICENSE IS ISSUED BY THE COMMISSION OR AN UPDATED APPLICATION FOR EXEMPTION FROM COMPANY LICENSE HAS BEEN COMPLETED AND SUBMITTED TO THE COMMISSION.

Sworn and subscribed to before me this _____

day of _____, 20____.

SIGNATURE OF AUCTIONEER _____

NOTARY PUBLIC (SEAL REQUIRED) _____

PRINTED NAME OF AUCTIONEER _____

COMPANY OWNER'S AFFIDAVIT: (TO BE COMPLETED IF AUCTIONEER **IS** THE COMPANY OWNER)

I, _____, CERTIFY THAT I AM THE OWNER AND FULL TIME AUCTIONEER OF THE COMPANY NAMED ON THE REVERSE SIDE OF THIS APPLICATION AND THAT I AM RESPONSIBLE FOR ALL AUCTIONS CONDUCTED BY THIS COMPANY IN THE STATE OF GEORGIA.

Sworn and subscribed to before me this _____

day of _____, 20_____.

SIGNATURE OF OWNER/AUCTIONEER: _____

NOTARY PUBLIC (SEAL REQUIRED): _____

PRINTES NAME OF OWNER/AUCTIONEER: _____

VALIDATED ONLY WHEN IMPRINTED BY THE OFFICIAL
SEAL OF THE GEORGIA AUCTIONEERS COMMISSION

BY: _____
SIGNATURE OF AUTHORIZED PERSON

TO RECEIVE A VALIDATED COPY OF THIS EXEMPTION SHOWING THE ASSIGNED EXEMPTION NUMBER, YOU MUST COMPLETE THE FOLLOWING MAIL INFORMATION:

MAIL TO

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____